

July 24, 2006



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CERTIFICATE OF NEED PROGRAM DEPARTMENT OF HEALTH

Janis Sigman, Manager Certificate of Need Program Department of Health P.O. Box 47852 Olympia, WA 98504-7852

Seattle, WA 98168

12844 Military Road South

Phone: (206) 248-4548

Dear Ms. Sigman:

Fax: (206) 439-4688

In accordance with WAC 246-310-080, Regional Hospital for Respiratory and Complex Care (Regional) hereby submits a letter of intent proposing to establish a satellite hospital in Tacoma, Pierce County. The satellite hospital will have up to 30 beds. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Regional proposes to establish a satellite hospital with a long-term acute care licensed bed capacity of up to 30 beds.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure for this project is not expected to exceed \$8.0 million.

3. Description of the Service Area:

The service area for the proposed satellite facility is South Puget Sound region.

Thank you for your interest in this matter. Please contact me directly with any questions.

Sincerely,

James Cannon, Administrator

